

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH'57 021733
State File No.

FILED JUN 24 1957

BIRTH NO.		REG. DIST. NO. <u>178</u>		PRIMARY REG. DIST. NO. <u>4284</u>		Registrar's No. <u>51</u>	
1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LEWIS</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>LA BELLE</u>		c. LENGTH OF STAY (in this place) <u>XXXXXX</u>		c. CITY OR TOWN <u>LEWISTOWN</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 mi. So. LEWISTOWN</u>				e. STREET ADDRESS (If rural, give location) <u>2 mi. So. Lewistown</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CLYDE</u>		b. (Middle) <u>RAYMOND</u>		c. (Last) <u>ZIMMERMAN</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 14, 1957</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GEN. FARMING</u>		8. DATE OF BIRTH <u>11/11/1879</u>		9. AGE (In years last birthday) <u>77</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS. Hours _____ Mins. _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>LEWISTOWN, MO.</u>				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>JAMES ZIMMERMAN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HARPER</u>		14. NAME OF HUSBAND OR WIFE <u>ELIZA ZIMMERMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ALBERT BROWN Lewistown, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Carcinoma of Prostate Section</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dehydration</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1998</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lewistown</u> <u>Mo</u> <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April</u> , 1957, to <u>June 14</u> , 1957, that I last saw the deceased alive on <u>June 13</u> , 1957, and that death occurred at <u>10:50 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. G. Coates</u>		(Decree or title)		23b. ADDRESS <u>La Belle A/R O</u>		23c. DATE SIGNED <u>6-15-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/16/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LEWISTOWN</u>		24d. LOCATION (City, town, or county) (State) <u>LEWISTOWN, MO.</u>	
DATE REC'D BY LOCAL REG. <u>6-20-57</u>		REGISTRAR'S SIGNATURE <u>P.W. Jennings</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Charles L. Conolly, Jr. Lewistown, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No....4667..

P. O. Address LEWISTOWN, N.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.